

Title: **Interagency Billing (USCG, NOAA, & PHS)**

Session: **T-3-1100**



# Objectives

- Proper SF1080 Submission
- Requirements for DD7/DD7A
- Rejected Claims
- Miscellaneous Issues
- CG Tracker
- Agency Contact Information



# Forms: SF1080 and DD7/DD7A

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- The SF1080 is the equivalent of an invoice or bill
- DD7 and DD7A are corresponding supporting documentation for the SF1080



- How to fill out the SF1080





# SF1080

Voucher number

Schedule number

Bill number:  
Place your distinctive  
MTF invoice number

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS					
			VOUCHER NO.	Leave Blank	
			SCHEDULE NO.	Leave Blank	
			BILL NO.	MTF Invoice # Your space	
				PAID BY	
Standard Form 1080 Computer generated 10-15-2002 Modeled after revised version April 1982 Department of the Treasury GUTERM 2-2900  Department, establishment, bureau, or office receiving funds <b>Your Unit name here</b> <b>Address</b> <b>Address</b> <b>City, State Zip code</b> <small>Department, establishment, bureau, or office charged</small>  <b>Commandant (CG-1012)</b> <b>U.S. Coast Guard</b> <b>2100 2nd Street, Room 5116</b> <b>Washington, DC 20593-0001</b>					
<b>ORDER NO.</b>  <b>I-Nov-06</b> <b>Thru</b> <b>30-Nov-06</b>	<b>DATE OF DELIVERY</b>	<b>ARTICLE OR SERVICES</b> <b>OUTPATIENT</b>	<b>QUANTITY</b> <b>150</b> <b>50</b> <b>78</b> <b>30</b>	<b>UNIT PRICE</b> <small>COST PER</small>	
				<b>AMOUNT</b> <small>DOLLARS AND CENTS</small>	
				<b>\$54,000.00</b>	
				<b>\$8,546.00</b>	
				<b>\$95,622.00</b>	
<b>\$65,877.00</b>					
<small>Remittance in payment hereof should be sent to -</small>					
<b>Remittance Unit name here</b> <b>Address</b> <b>Address</b> <b>Address</b> <b>Address</b> <b>City, State Zip code</b>					
<small>ACCOUNTING CLASSIFICATION – Office Receiving Funds</small> <small>NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS</small> <small>123456789</small>					
<small>January 0, 1900</small> <small>(Date)</small>					
<small>Certifying Officer Name here</small> <small>(Authorized administrative or certifying officer)</small>					
<small>Certifying Officer Title here</small> <small>(Title)</small>					
<small>CERTIFICATE OF OFFICE CHARGED</small> <small>I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.</small>					
<small>(Authorized administrative or certifying officer)</small> <small>(Date)</small>					
<small>(Title)</small>					
<small>ACCOUNTING CLASSIFICATION – Office Charged</small>					



# SF1080

- Put in your unit name and address
- Put in Agency address that you are billing

<b>VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS</b>			VOUCHER NO.			
			SCHEDULE NO.			
			BILL NO.			
			<b>Your space</b> <small>PAID BY</small>			
<p style="text-align: center;">Your unit name and address</p>						
<p style="text-align: center;">Agency address</p>						
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES <b>OUTPATIENT</b>	QUANTITY	UNIT PRICE		AMOUNT <small>DOLLARS AND CENTS</small>
				COST	PER	
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22) Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45) Retiree *(C31, C32, C33) Retiree Family Members *(C43, C47, C48, C49)	150 50 78 30			\$54,000.00 \$8,546.00 \$95,622.00 \$65,877.00 <b>TOTAL</b> \$224,045.00
Remittance in payment hereof should be sent to -						
<b>Remittance Unit name here</b> Address Address Address Address <b>City, State Zip code</b>						
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<small>(Authorized administrative or certifying officer)</small> <small>(Date)</small>						
<small>(Title)</small>						
ACCOUNTING CLASSIFICATION – Office Charged						



# SF1080

## Date of Delivery:

- MTFs should run their query on a monthly basis
- List the month of the last patient treatment date on the DD7/DD7A
- Most of the dates on the

**NOTE: At no time can there be mixed fiscal years (1 Oct. - 30 Sept.) included on a single SF1080 dates of the query**

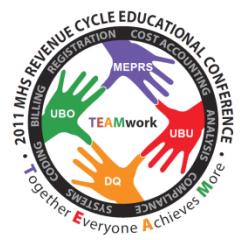
Standard Form 1080 Computer generated 10-15-2002 Modeled after revised version April 1982 Department of the Treasury G I FIRM 2-2500		<b>VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS</b>		VOUCHER NO.															
Department, establishment, bureau, or office receiving funds <b>Your Unit name here</b> Address Address <b>City, State Zip code</b> <small>Department, establishment, bureau, or office charged</small>				SCHEDULE NO.															
<b>Commandant (CG-1012)</b> <b>U.S. Coast Guard</b> <b>2100 2nd Street, Room 5116</b> <b>Washington, DC 20593-0001</b>				BILL NO.  <b>Your space</b> PAID BY															
<table border="1"> <thead> <tr> <th rowspan="2">ORDER NO.</th> <th rowspan="2">DATE OF DELIVERY</th> <th rowspan="2">ARTICLE OR SERVICES <b>OUTPATIENT</b></th> <th colspan="2">UNIT PRICE</th> <th rowspan="2">AMOUNT DOLLARS AND CENTS</th> </tr> <tr> <th>QUANTITY</th> <th>COST PER</th> </tr> </thead> <tbody> <tr> <td></td> <td>1-Nov-06 Thru 30-Nov-06</td> <td>Active Duty *(C00, C11, C12, C13, C14, C22)  Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)  Retiree *(C31, C32, C33)  Retiree Family Members *(C43, C47, C48, C49)</td> <td>150  50  78  30</td> <td></td> <td>\$54,000.00  \$8,546.00  \$95,622.00  \$65,877.00  <b>TOTAL</b> \$224,045.00</td> </tr> </tbody> </table>						ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES <b>OUTPATIENT</b>	UNIT PRICE		AMOUNT DOLLARS AND CENTS	QUANTITY	COST PER		1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22)  Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)  Retiree *(C31, C32, C33)  Retiree Family Members *(C43, C47, C48, C49)	150  50  78  30		\$54,000.00  \$8,546.00  \$95,622.00  \$65,877.00  <b>TOTAL</b> \$224,045.00
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<small>(Date)</small>																			
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ACCOUNTING CLASSIFICATION – Office Charged																			



# SF1080

Label OUTPATIENT or  
INPATIENT

Standard Form 1080 Computer generated 10-15-2002 Modified after revised version April 1982 Department of the Treasury GTRM 2-2500		<b>VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS</b>		VOUCHER NO.		
Department, establishment, bureau, or office receiving funds <b>Your Unit name here</b> Address Address <u>City, State Zip code</u> <small>Department, establishment, bureau, or office charged</small>				SCHEDULE NO.		
Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001				BILL NO. <b>Your space</b>		
				PAID BY		
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES <b>OUTPATIENT</b>	QUANTITY	UNIT PRICE		AMOUNT DOLLARS AND CENTS
				COST	PER	
		Active Duty *(C00, C11, C12, C13, C14, C22)	150			\$54,000.00
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.00
		Retiree *(C31, C32, C33)	78			\$95,622.00
		Retiree Family Members *(C43, C47, C48, C49)	30			\$65,877.00
					TOTAL	\$224,045.00
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January 0, 1900 <small>(Date)</small>		Certifying Officer Name here <small>(Authorized administrative or certifying officer)</small>				
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<small>(Date)</small>		<small>(Authorized administrative or certifying officer)</small>				
<small>(Title)</small>						
ACCOUNTING CLASSIFICATION – Office Charged						



# SF1080

List the Coast Guard's four reimbursement groups and their patient

Ensure your SF1080's patient categories match the following reimbursement groups:

### Active Duty

(C00; C11; C12; C13; C14; C22; C24; C26; C27; C36)

### Active Duty Family Members

(C25; C28; C37; C41; C45)

### Retiree

(C31; C32; C33)

### Retiree Family Members

(C43; C47; 48; 49)

Please contact the CG if you have any patients in category C29 or C44

VOUCHER FOR BETWEEN APPROPRIATION						
Department, establishment, bureau, or office receiving funds			Your space			
Your Unit name here			PAID BY			
Address						
Address						
City, State Zip code						
Department, establishment, bureau, or office charged						
Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001						
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES OUTPATIENT	QUANTITY	UNIT PRICE		AMOUNT DOLLARS AND CENTS
				COST	PER	
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22)  Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)  Retiree *(C31, C32, C33)  Retiree Family Members *(C43, C47, C48, C49)	150  50  78  30			\$54,000.00  \$8,546.00  \$95,622.00  \$65,877.00
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Remittance Unit name here						
Address						
Address						
Address						
City, State Zip code						
ACCOUNTING CLASSIFICATION SECTION - THIS SECTION IS FOR USE IN CLASSIFYING PAYMENTS						
NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION IS FOR USE IN CLASSIFYING PAYMENTS						
123456789						
Certifying Officer Name here (Authorized administrative or certifying officer)						
January 0, 1900 (Date)						
Certifying Officer Title here (Title)						
CERTIFICATE OF OFFICE CHARGED						
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(Date)						
(Title)						
ACCOUNTING CLASSIFICATION - Office Charged						

Use the same patient category group concept for other Agencies



# SF1080

**Quantity:  
Optional**

Standard Form 1080 Computer generated 10-15-2002 Modified after revised version April 1982 Department of the Treasury G FIRM 2-2500			<b>VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS</b>		
			VOUCHER NO. SCHEDULE NO.		
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<b>Commandant (CG-1012)</b> <b>U.S. Coast Guard</b> <b>2100 2nd Street, Room 5116</b> <b>Washington, DC 20593-0001</b>					
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES <b>OUTPATIENT</b>	QUANTITY	UNIT PRICE COST PER	AMOUNT
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	1-Nov-06 <b>Thru</b> 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22) Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45) Retiree *(C31, C32, C33) Retiree Family Members *(C43, C47, C48, C49)	150 50 78 30		\$54,000.00 \$8,546.00 \$95,622.00 \$65,877.00
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<small>(Date)</small>			<small>(Authorized administrative or certifying officer)</small>		
ACCOUNTING CLASSIFICATION – Office Charged <small>(Title)</small>					



# SF1080

Insert total amount charged to the other Agency

Ensure your SF1080 reimbursement group totals reflect the DD7A or DD7 PATCAT totals

Standard Form 1080 Computer generated 10-15-2002 Modified after revised version April 1982 Department of the Treasury GTRM 2-2500					VOUCHER NO.	
					SCHEDULE NO.	
Department, establishment, bureau, or office receiving funds <b>Your Unit name here</b> Address Address <b>City, State Zip code</b> <small>Department, establishment, bureau, or office charged</small>					BILL NO. <b>Your space</b> <small>PAID BY</small>	
Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001						
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES <b>OUTPATIENT</b>	QUANTITY	UNIT PRICE		AMOUNT DOLLARS AND CENTS
				COST	PER	
		Active Duty *(C00, C11, C12, C13, C14, C22)	150			\$54,000.00
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<small>(Date)</small>					<small>(Title)</small>	
ACCOUNTING CLASSIFICATION – Office Charged						



# SF1080

Place the following information in this block:

- Remittance address
- Name of POC
- Phone number
- E-mail

Standard Form 1180 Computer generated 10-15-2003 Modeled after revised version April 1982 Department of the Treasury GTRM 2-2900		<b>VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS</b>		VOUCHER NO.  SCHEDULE NO.		
Department, establishment, bureau, or office receiving funds <b>Your Unit name here</b> Address Address <b>City, State Zip code</b> <small>Department, establishment, bureau, or office charged</small>				BILL NO. <b>Your space</b> <small>PAID BY</small>		
<b>Commandant (CG-1012)</b> <b>U.S. Coast Guard</b> <b>2100 2nd Street, Room 5116</b> <b>Washington, DC 20593-0001</b>						
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES <b>OUTPATIENT</b>	QUANTITY	UNIT PRICE		AMOUNT DOLLARS AND CENTS
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<b>TOTAL</b>						<b>\$224,045.00</b>
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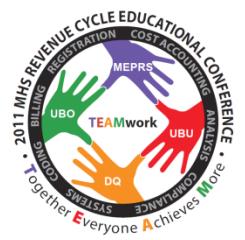


# SF1080

Accounting  
Classification:  
Place accounting  
information in this  
block

Sign and date

Standard Form 1080 Computer generated IR-15-2002 Modeled after revised version April 1982 Department of the Treasury GTRM 2-2900		<b>VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS</b>		VOUCHER NO.  SCHEDULE NO.	
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<b>ORDER NO.</b>  1-Nov-06 Thru 30-Nov-06	<b>DATE OF DELIVERY</b>  <b>ARTICLE OR SERVICES</b> <b>OUTPATIENT</b>	<b>QUANTITY</b>  150  50  78  30	<b>UNIT PRICE</b> <small>COST PER</small>		<b>AMOUNT</b> <small>DOLLARS AND CENTS</small>
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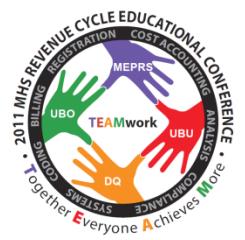
# SF1080

## Accounting Classification (cont.)

Agency Location Code (ALC) and your accounting line in this block

Air Force: Place correct ADSN

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS					
			VOUCHER NO.		
			SCHEDULE NO.		
Standard Form 1080 Computer generated 10-15-2002 Model 1 after revised version April 1982 Department of the Treasury GIFRM 2-2900					
Department, establishment, bureau, or Your Unit name here					
Address					
Address					
City, State Zip code					
Department, establishment, bureau, or					
Commandant (CG-1) U.S. Coast Guard 2100 2nd Street, Room 100 Washington, DC 20390					
ORDER NO.	DATE OF DELIVERY	Active Duty *(C00, C11, C12, C13, C14, C22)	150		\$54,000.00
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Remittan	Address	Address	Address	Address	Address
Address	Address	Address	Address	Address	Address
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Ensure accounting lines are CORRECT					
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(Title)					
ACCOUNTING CLASSIFICATION – Office Charged					



# SF1080

## Certificate of Office Charged:

Do not use this space.  
The office being charged  
uses this space to  
authorize payment

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.
						SCHEDULE NO.
						BILL NO.
						YOUR SPACE PAID BY
Department, establishment, bureau, or office receiving funds <b>Your Unit name here</b> Address Address <b>City, State Zip code</b> Department, establishment, bureau, or office charged						
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ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES <b>OUTPATIENT</b>	QUANTITY	UNIT PRICE COST PER	AMOUNT DOLLARS AND CENTS	
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22) Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45) Retiree *(C31, C32, C33) Retiree Family Members *(C43, C47, C48, C49)	150 50 78 30		\$54,000.00 \$8,546.00 \$95,622.00 \$65,877.00	TOTAL \$224,045.00
Remittance in payment hereof should be sent to -						
Remittance Unit name here Address Address Address Address <b>City, State Zip code</b>						
ACCOUNTING CLASSIFICATION – Office Receiving Funds NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS 123456789						
January 0, 1900 (Date)						Certifying Officer Name here (Authorized administrative or certifying officer)
						Certifying Officer Title here
CERTIFICATE OF OFFICE CHARGED I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.						(Authorized administrative or certifying officer)
(Date)						

ACCOUNTING CLASSIFICATION – Office Charged



# SF1080

Please leave at least  
1.5 – 2 inches on the  
bottom of the  
SF1080. This area is  
used for Agency  
accounting  
numbers.

<p>Standard Form 1080 Computer generated 10/15/2002 Modeled after revised version April 1982 Department of the Treasury G-1 FORM 2-2500</p> <p><b>VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS</b></p> <p>Department, establishment, bureau, or office receiving funds <b>Your Unit name here</b> Address Address <b>City, State Zip code</b> Department, establishment, bureau, or office charged</p> <p><b>Commandant (CG-1012)</b> <b>U.S. Coast Guard</b> <b>2100 2nd Street, Room 5116</b> <b>Washington, DC 20593-0001</b></p>			<p>VOUCHER NO. SCHEDULE NO.</p> <p>BILL NO. <b>Your space</b> PAID BY</p>			
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES <b>OUTPATIENT</b>	QUANTITY	UNIT PRICE		AMOUNT DOLLARS AND CENTS
				COST	PER	
	<b>I-Nov-06 Thru 30-Nov-06</b>	Active Duty *(C00, C11, C12, C13, C14, C22) Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45) Retiree *(C31, C32, C33) Retiree Family Members *(C43, C47, C48, C49)	150 50 78 30			\$54,000.00 \$8,546.00 \$95,622.00 \$65,877.00 <b>TOTAL</b> \$224,045.00
Remittance in payment hereof should be sent to -						
<p><b>Remittance Unit name here</b> Address Address Address Address <b>City, State Zip code</b></p> <p>ACCOUNTING CLASSIFICATION – Office Receiving Funds NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS 123456789</p>						
				<p><b>Certifying Officer Name here</b> (Authorized administrative or certifying officer)</p> <p><b>Certifying Officer Title here</b></p>		
<p><b>CERTIFICATE OF OFFICE CHARGED</b> I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.</p>						
				<p>(Authorized administrative or certifying officer)</p>		
<p>(Date) _____ (Title) _____</p> <p>ACCOUNTING CLASSIFICATION – Office Charged</p>						



## DD7 & DD7A

# DD7 and DD7A





## DD7 & DD7A

- DD7 is the supporting documentation for inpatient care rendered at MTFs
- DD7A is the supporting documentation for outpatient care rendered at MTFs



# DD7 & DD7A

Ensure all patient categories are Coast Guard. These patient categories start with the letter **C**.

The Coast Guard does not pay Public Health Service or NOAA invoices

Report of treatment Furnished Pay Patients Hospitalization Furnished (Part B) Outpatient Service				
Prepared on: 07 Sep 04	Printed on: 07 Sep 04	Page 3		
US Air Force 78th MSG Force 10 One Air Force Road Nowhere, OK 12345				
Patient Charge Category: USCG FAM MBR AD, C41 Country of Origin: United States				
Patient Name FMP / SSN	Pat Cat Grade	Service Date	MEPRS Clinic / Services	Amount Billed
John Smith 30/123-45-6789	C41	30-Jul-04	BGAA (PHR)	200.46
Susan Johnson 30/123-45-6789	C41	10-Jul-04	BDBA (OPE)	90.65
Debbie Piper 30/123-45-6789	C41	4-Aug-04	BCCA (MLT)	358.04
Stan Sweets 30/123-45-6789	C41	7-Aug-04	BHAC (OPE)	578.01
Han Solo 30/123-45-6789	C41	29-Jul-04	BBFA (OPE)	6.25

{USCG FAM MBR AD continued on the next page}

## Sample of DD7A

Date: 07 Sep 04 Certified and Authenticated by: \_\_\_\_\_

THIS FORM IS AN AUTOMATED VERSION OF DD7A - A APR 76



# DD7 & DD7A

Ensure all patient visits  
are within the **same**  
**Fiscal Year**

We will not process  
invoices that have mixed  
fiscal years  
(1 October – 30  
September)

Patient Name FMP / SSN	Pat Cat Grade	Service Date	MEPRS Clinic / Services	Amount Billed
John Smith 30/123-45-6789	C41	30-Jul-04	BGAA (PHR)	200.46
Susan Johnson 30/123-45-6789	C41	10-Jul-04	BDBA (OPE)	90.65
Debbie Piper 30/123-45-6789	C41	4-Aug-04	BCCA (MLT)	358.04
Stan Sweets 30/123-45-6789	C41	7-Aug-04	BHAC (OPE)	578.01
Han Solo 30/123-45-6789	C41	29-Jul-04	BBFA (OPE)	6.25

{USCG FAM MBR AD continued on the next page}

Date: 07 Sep 04 Certified and Authenticated by: \_\_\_\_\_

THIS FORM IS AN AUTOMATED VERSION OF DD7A - A APR 76

Sample of  
DD7A

# Claim Rejection





# Claim Rejection

- Incorrect math
- Billing multiple fiscal years on the same invoice
  - (1 October to 30 September)
- More than one SF1080 with one “set” of supporting documentation
- Mixed inpatient or outpatient invoices
- Being billed for other services’ patient categories
- Incorrect labeling of reimbursement groups
- Illegible invoices
- Missing accounting classification information



# Claim Rejection

## Billing multiple fiscal years

1 October thru 30 September  
one FY only

Report of treatment Furnished Pay Patients  
Hospitalization Furnished (Part B) Outpatient Services

Prepared on 5 Oct 08

Printed on: 5 Oct 08

Page 1

US Air Force  
78th MSG Force 10  
Navarone Road  
Zoomy, OK

Patient Charge Category: USCG FAM MBR AD, C41  
Country of Origin: United States

Patient Name	Pat Cat Grade	Service Date	MEPRS Clinic/Services	Amount Billed
Paige Turner 30/123-45-6789	C41	2-Sep-08	BGAA (PHR)	\$200.00
Constance Noring 30/123-45-6789	C41	2-Sep-08	BDBA (OPE)	\$152.00
Rick Shaw 30/123-45-6789	C41	20-Sep-08	BCCA (MLT)	\$92.00
Tad Pohl 30/123-45-6789	C41	22-Sep-08	BHAC (OPE)	\$523.00
Gail Storm 30/123-45-6789	C41	1-Oct-08	BBFA (OPE)	\$1,256.00

{USCG FAM MBR AD Continued on the next page}

Date: 5 Oct 08 Certified and Authenticated by: \_\_\_\_\_

THIS FORM IS AN AUTOMATED VERSION OF DD7A - APR 76



# Claim Rejection

SF1080: \$967.00

SF1080:  
\$1256.00

Report of treatment Furnished Pay Patients  
Hospitalization Furnished (Part B) Outpatient Services

Prepared on 5 Oct 08

Printed on: 5 Oct 08

Page 1

US Air Force  
78th MSG Force 10  
Navarone Road  
Zoomy, OK

Patient Charge Category: USCG FAM MBR AD, C41  
Country of Origin: United States

Patient Name	Pat Cat Grade	Service Date	MEPRS Clinic/Services	Amount Billed
Paige Turner 30/123-45-6789	C41	2-Sep-08	BGAA (PHR)	\$200.00
Constance Noring 30/123-45-6789	C41	2-Sep-08	BDBA (OPE)	\$152.00
Rick Shaw 30/123-45-6789	C41	20-Sep-08	BCCA (MLT)	\$92.00
Tad Pohl 30/123-45-6789	C41	22-Sep-08	BHAC (OPE)	\$523.00
Gail Storm 30/123-45-6789	C41	1-Oct-08	BBFA (OPE)	\$1,256.00

{USCG FAM MBR AD Continued on the next page}

Date: 5 Oct 08 Certified and Authenticated by: \_\_\_\_\_

THIS FORM IS AN AUTOMATED VERSION OF DD7A - APR 76

Report of treatment Furnished Pay Patients  
Hospitalization Furnished (Part B) Outpatient Services

Prepared on 5 Oct 08

Printed on: 5 Oct 08

Page 1

US Air Force  
78th MSG Force 10  
Navarone Road  
Zoomy, OK

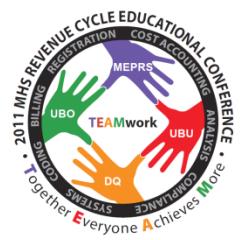
Patient Charge Category: USCG FAM MBR AD, C41  
Country of Origin: United States

Patient Name	Pat Cat Grade	Service Date	MEPRS Clinic/Services	Amount Billed
Paige Turner 30/123-45-6789	C41	2-Sep-08	BGAA (PHR)	\$200.00
Constance Noring 30/123-45-6789	C41	2-Sep-08	BDBA (OPE)	\$152.00
Rick Shaw 30/123-45-6789	C41	20-Sep-08	BCCA (MLT)	\$92.00
Tad Pohl 30/123-45-6789	C41	22-Sep-08	BHAC (OPE)	\$523.00
Gail Storm 30/123-45-6789	C41	1-Oct-08	BBFA (OPE)	\$1,256.00

{USCG FAM MBR AD Continued on the next page}

Date: 5 Oct 08 Certified and Authenticated by: \_\_\_\_\_

THIS FORM IS AN AUTOMATED VERSION OF DD7A - APR 76



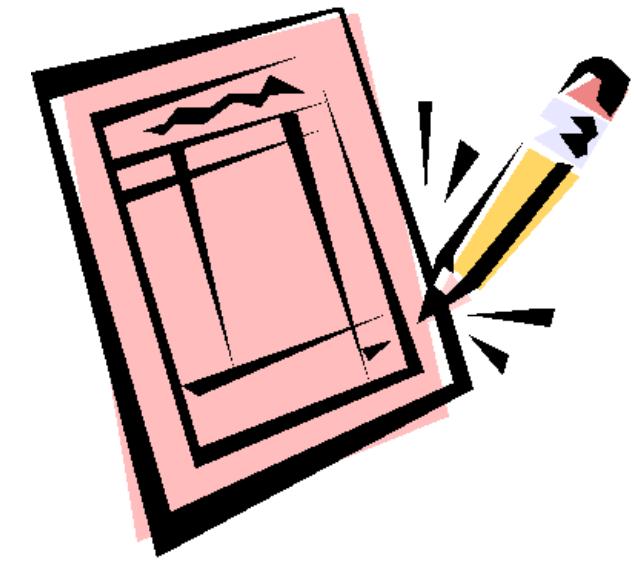
# Miscellaneous Issues

- Do not send duplicate copies
- Do not send a 2nd submission unless you contact the Agency first
- Send invoices via mail (hard copy) or encrypted e-mail



# Coast Guard Tracker

- Creates a ledger
- Creates SF1080s
- Minimal data entry
- Provides ability to reconcile





# Coast Guard Tracker

Voucher For Transfers Between Appropriations and/or Funds													Article or Services Outpatient										Links to SF1080					
													Voucher No.	Bill No.	Tx Begin Date	Tx End Date	AD Quantity	AD Amount	ADFM Quantity	ADFM Amount	RET Quantity	RET Amount	RETFM Quantity	RETFM Amount	Line Total Reimbursement			
Department, establishment, bureau, or office receiving funds													Your space		1-Nov-10	30-Nov-10	150	\$54,000.00	50	\$8,546.00	78	\$95,622.00	30	\$65,877.00		\$224,045.00	SF1080 Sample	
Address	Address																									\$0.00	SF1080 (NOV10)	
City, State, Zip code	Address																										\$0.00	SF1080 (DEC10)
	City, State Zip code																										\$0.00	SF1080 (JAN11)
																											\$0.00	SF1080 (FEB11)
																											\$0.00	SF1080 (MAR11)
Department, establishment, bureau, or office charged																											\$0.00	SF1080 (APR11)
Address	Commandant (CG-1012)																										\$0.00	SF1080 (MAY11)
City, State, Zip code	U.S. Coast Guard																										\$0.00	SF1080 (JUN11)
	2100 2nd Street, Room 5116																										\$0.00	SF1080 (JUL11)
	Washington, DC 20593-0001																										\$0.00	SF1080 (AUG11)
																											\$0.00	SF1080 (SEP11)
																											\$0.00	SF1080 (SUP1)
Remittance in payment hereof should be sent to -																											\$0.00	SF1080 (SUP2)
Address	Remittance Unit name here																										\$0.00	SF1080 (SUP3)
City, State, Zip code	Address																										\$0.00	SF1080 (SUP4)
	Address																										\$0.00	SF1080 (SUP5)
	Address																										\$0.00	SF1080 (SUP6)
	Address																										\$0.00	
	City, State Zip code																										\$0.00	
ACCOUNTING CLASSIFICATION - Office Receiving Funds													0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00		\$0.00	Category Sub Total	
Notes	NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS 123456789																											
Date	January 0, 1900																											
Authorized administrative or certifying officer	Certifying Officer Name here																											
Title	Certifying Officer Title here																											

*These forms will assist you in filling out a SF1080 that will quickly transits the U.S. Coast Guard payment system. Each line corresponds with one of the tabs below. (See underscored link at end of each line)*



# Coast Guard (Cont'd)

MONTHLY CONFIRMATION REPORT-USAF (FY10).pdf - Adobe Reader

File Edit View Document Tools Window Help

1 / 66 172% Find

MONTHLY CONFIRMATION REPORT-USAF MILITARY TREATMENT FACILITIES

This report represents all invoices received and certified for payment by USCG for medical care provided to Coast Guard Beneficiaries (Active & Retired) in FY10

Thursday, January 6, 2011 9:20:24 AM EST

[missing]

Document Number	Obligation	Expenditure
1909NOJN9OAK	\$0.00	\$0.00
1910ARSHA	\$0.00	\$88.56
1910NOVEDW	\$0.00	\$52.74
1910NOVMAL0	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$141.30</b>

FOR OFFICIAL USE ONLY

This report is for Management Purposes Only. It is not an officially certified USCG financial report. The data source is CAS/MIRPROD. This report is produced using CG-9 APMS BI Application.



# Submitting Bills

- Documentation
  - SF1080
  - Bill (DD7, DD7A, etc...)
  - Insurance Info





# Contact Information

- U.S. Coast Guard
- Mailing Address:
- DoD Direct Care Billing
- U.S. Coast Guard
- 2100 2nd Street SW Stop 7902
- Washington, DC 20593-7902
- Attn: DoD Invoice Processing



# Contact Information

- Dept of Public Health
- Mailing Address:
- Public Health Dept, Medical Affairs Branch
- 5600 Fishers Lane, Room 4C-04
- Rockville MD 20857

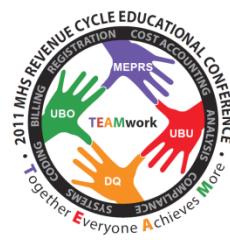


# Contact Information

- National Oceanic Atmospheric Administration
- (NOAA)

- Mailing Address:
- Division of Commissioned Personnel
- 8403 Colesville Road Suite 500
- Silver Spring MD 20910-3282



# Questions

?

